

SERIAL NUMBER 09/398,131	FILING DATE 09/17/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. COM675/96112
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RICHARD W. REICHERT, DALLAS, TX.

APT-L

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 08/961,652 10/31/97 *now rd 597,412*

*RD*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*now RD*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*now RD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 25	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>RD</i> Examiner's Initials Initials					

ADDRESS  
BRENT A CAPEHART  
HEAD JOHNSON & KACHIGIAN  
228 WEST 17TH PLACE  
TULSA OK 74119

TITLE

ON-LINE PHARMACY AUTOMATED REFILL SYSTEM

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 9672

<b>SERIAL NUMBER</b> 398,131	<b>FILING DATE</b> 09/17/1999 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3629	<b>ATTORNEY DOCKET NO.</b> COM675/96112
<b>APPLICANTS</b> RICHARD W. REICHERT, DALLAS, TX;				
<b>** CONTINUING DATA *****</b> This application is a CON of 08/961,652 10/31/1997 PAT 5,970,462				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/01/1999</b>				
Foreign priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 15
Verified <input type="checkbox"/> Acknowledged <input type="checkbox"/> Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESSES</b> ON PALS TECHNOLOGIES, INC. P.O. BOX 112383 CARROLLTON, TX 75011-2383				
<b>TITLE</b> ON-PHARMACY AUTOMATED REFILL SYSTEM				
<b>FIL FEE</b> <b>RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	